

Asbestos Training Provider Recognition Application AAC-3 Louisiana Department of Environmental Quality OES – Permit Support Services Division Notifications and Accreditations Section P.O. Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-3273 Fax (225) 219-3310

DEQ Use Only		
Check No.	AI No.	
Date	Amount	

**Please Note: Applications are not being accepted for Out-of-State Training Providers unless the Out-of-State training provider has a training facility located within the state. Classroom style area with adequate seating, writing space, and instruction equipment including hands on are required.

Training Provider Recognition No.	AI No	
I. Applicant Information: (please print or type)		
Training Provider Name:		☐ Initial ☐ Renewal
Contact Person:	Title:	E-mail:
Business Address:		Website address:
City:	State:	Zip:
Phone: ()	Fax: ()	
II. Fees: Make payable to LDEQ and submit with Normal Proc Emergency	cessing: \$396	S.
III. Are you recognized or approved by any other	state to teach asbestos courses?	? ☐ Yes ☐ No Specify State:
IV. Indicate discipline(s) for which company is see		itial Refresher gement Planner Project Designer
V. Note if teaching Worker in a language other tha	an English: Spanish C	Other
VI. List location(s) and description of facilities when		
Location	Facility Description	
VII. Description of equipment available for hands	-on-training:	
VIII. List the names of the principal instructors an Name (ad contact information: Telephone No. ()	Email Address:
and Trainer recognition may be required for excess rosters are expected as well as adhering to the leng falsification of any records.	ments established in LAC 33.III. 2 in LAC 33.III. 2799. F.2.d. used or course materials will be sull be provided in advance and roste required for non-compliance. Asive non-compliance. Timely a gth, time, and other class required.	2799.F. bmitted for agency approval.
Signed:(Training Manager/Owner/Represer	ntative)	(Date)